

Youth Hockey Risk Acknowledgment and Liability Waiver  
For Players Requesting Play-Up

Print Name of Participant: \_\_\_\_\_

Birth date: \_\_\_\_\_

USA Hockey Age Level: \_\_\_\_\_

Desired Play-Up Level: \_\_\_\_\_

I/We \_\_\_\_\_, parent(s) or legal guardian(s) of \_\_\_\_\_ request that he/she be permitted to play-up to the next age division as defined by USA Hockey. I have read and understand the Play-Up Policy and agree to all the terms, conditions and eligibility requirements that apply.

I understand that requesting a play up does not guarantee approval and understand that nothing in USA Hockey's rules requires an association to allow any player(s) to play-up.

I understand that Northwest Florida Hockey League recommends that players stay in the age groupings defined by USA Hockey and stipulated in the USA Hockey Annual Guide as appropriate for their birth year. I understand and appreciate that in playing up, the risk of injury may be greater and while particular rules and personal discipline may reduce this risk, the risk of serious injury does exist.

By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown.

Further, I agree to indemnify and hold Northwest Florida Hockey League, its officers, and USA Hockey, Inc., harmless from any and all liability, loss, expense, attorney's fees, or claims for injury or damages caused as a result of my request.

I understand and agree to accept these conditions of participation.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Date: \_\_\_\_\_